

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH MENTAL HOUSING SERVICES ACT (MHSA) HOUSING PROGRAM XXX APARTMENTS CAPITAL DEVELOPMENT PROJECT

30 Day Review and Comment Period (Insert posting beginning and ending dates)

PUBLIC REVIEW

| Personal Information (OPTIONAL) | |
|---|-----------------|
| Name: | |
| Agency/ Organization: | E-mail address: |
| Mailing Address: | |
| Comments | |
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| Any member of the public may submit written comments on or before (insert end posting date). Written comments can be submitted on this form by e-mail to MHSApubliccomment@dmh.lacounty.gov , or by letter addressed to: | |
| Los Angeles County Department of Mental Health | |

Los Angeles County Department of Mental Health
Countywide Housing, Employment & Education Resource Development
Attention: Reina Turner, Division Chief
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Los Angeles, CA 90005
Fax # (213) 251-6558